N	VISS(	DU	RI I	DIV	SION OF HEALTH — STANDARD CERTIFICATE OF DEATH  C HEALTH AND WEL 318  Registration District No. 128  Registration District No. 128	-62-048801
DO NOT WRITE ON THIS STUB			IDED ,	-0B,	Registration District No. Registration District No. Registrar's No.	STATE FILE NUMBER
ON THIS STUB				-1		Where deceased lived. If institution: Residence before
VS 300	ᇣ			- [		uri. COUNTY admission)
Rev. 4/59	AMENDED	ı		- [	b. CITY (If outside corporate limits, give TOWNSHIP only) OR  C. CITY OR	Inside Limits
1	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			1	c. FULL NAME OF (If NOT in hospital, give location)  TOWN Saint Louis 50 yrs. TOWN Sai	nt Leuis  (If cutside, give location)  (Reside on Ferm
2 2/	2 Ade	,		ŀ	MOSPITAL OR C D. 1111	(If cutside, give location) Reside on Farm  *Rensington Yes \( \text{No } \text{D} \)
3		2.		ı	(Type or print) Henry Thomas	DATE Month Day Year OF DEATH 12-22-62
5 3				ı	5. SEX Male  6. COLOR OR RACE 7. Married   Never Mairied   8. DATE OF BIRTH   9.	AGE (last birthday)  52    IF UNDER 1 YEAR   IF UNDER 24 HR
	الم	١			0a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City at	•••
<u> </u>	<u> </u>				Maintenance man Jeff Printing Co. Mississip	<u> </u>
7 i	FOLLOW				3a. FATHER'S NAME Cleveland Thomas Thomas Tibb. Mother's Maidely NAME THE TRUE TO THE TOTAL THE	14. NAME OF HUSBAND OR WIFE
18 - 1	۲   ا				5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	Sadie Address
9	<b>⋖</b> │	ŀ		ı	Van an an unbanum Militura alian una an datas af annid	oper-5115 Kensington
<del></del>	ARE	ł		늘	18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
10	1 1	İ		DOCUMENT	IMMEDIATE CAUSE (a) Carcinoma of Larynx	Undet.
11	RECORD EAD OF			Š		· · · · · · · · · · · · · · · · · · ·
1277 7 _ ~ 1		- 1		ă	Conditions, if any, a DUE TO (b) which gave rise to	
13		-	+	ı	above cause (a), stating the underlying cause last. DUE TO (c)	
77	8 .			ı	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the tiggies condition given in PART I (a)	terminal PART III. If deceased was female was there a pregnancy in last 90 days.
///	[일				•	☐ Yes ☐ No ☐ Unknown
	AMENDMENT				19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE PERFORMED?	er nature of injury in PART I or PART II of item 18.)
K INK RIBBON	AME			ŀ	20c. TIME OF • Hour Month; Day, Year INJURY a.m. p.m.	
					20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	ATION COUNTY STATE
Ĭ Š Ď Œ ·	READ	.	·	. 4	21. I attended the deceased from 12-15-62 , to 12-22-62 and last	saw her him alive on 12-22-62
- B - B - B - B - B - B - B - B - B - B		١		1	Death occurred at 7 210 A m on the date stated above, and to	the best of my knowledge, from the causes stated.
USE BLACH OR TYPEWRITER	знопгр			11 OF	22a. SIGNATURE (Degree or title) 22b. ADDRESS 2601 N. Whi	
		+	$\dashv \dashv$	AFFIDAVIT	REMOVAL (Specify)	OCATION (City, town, or county) (State)
	ON A			E I	Removal 12/24/1962 Washington Park Cem.   Mer	keley City, MQ  26. REGISTRAR'S SIGNATURE
	ITEM			ž I	A. FUNERAL DIRECTOR ILEY UNDERTAKERS-3759 Finney Ave. 25. DATE RECD. BY LOCAL REG. DEC 24 1962	Road Smith M.D.

E961 28 NAC

1 . 1111

## STATEMENT BY LICENSED EMBALMER

or by	, Student Embalmer No
working under my personal supervision.	
Student	Signed alutera for advan
Signature of Student Embalmer	Licensed Embalmer Noc434/
	P.O. Address Thoris 13 May

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

18 10 14